

Volunteer Application Form

June Community Transport

Name: _____

Address: _____

Home Phone: _____ **Mobile:** _____

Current Driver's License No: _____
(A photocopy will be taken)

Do you speak more than one language, if yes please specify:

Times Available:

DAY	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

(Please circle one)

Would you like to drive: Once a **WEEK/FORTNIGHT/MONTH**

Do you have any health issues that could effect your voluntary position?

YES / NO

If yes, please specify:

Are you willing to undergo a police check if appropriate: YES / NO

Please give names and phone numbers of two referees:

Thank you for taking the time to fill in this application form, please sign and date below.

Signature: _____ **Date:** _____